



Timeliness Compliance Threshold for HIS Submissions: Fact Sheet

Updated: February 2020

This fact sheet outlines the timeliness compliance threshold for HIS submissions, finalized by CMS in the FY 2016 Final Rule as well as presenting a preliminary algorithm for the timeliness compliance threshold calculation.

Summary of Timeliness Compliance Threshold for HIS Submission

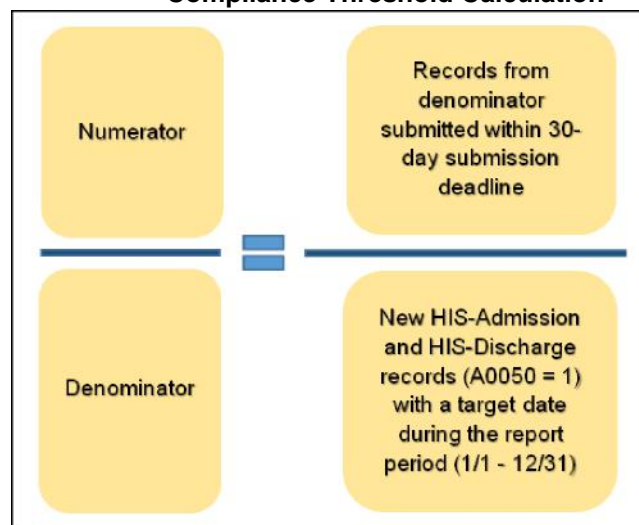
In Sections E.6.d and E.6.e of the FY 2016 Final Rule, CMS finalized a timeliness compliance threshold for HIS submissions. These policies went into effect for the FY 2018 reporting year, which began January 1, 2016.

- Section E.6.d of the Final Rule states that hospices are required to submit all HIS records (HIS-Admission and HIS-Discharge records) by the submission deadline. The submission deadline for HIS records is 30 days from the event date (the patient's admission to or discharge from the hospice).
- Section E.6.e of the Final Rule states that beginning with the FY 2018 reporting year, in order to avoid the 2 percentage point reduction in their Annual Payment Update (APU), hospices will be required to submit a minimum percentage of their HIS records by the 30 day submission deadline. CMS incrementally increased this compliance threshold over a 3 year period. For the FY 2018 APU determination, at least 70% of all required HIS records must have been submitted within the 30 day submission deadline to avoid the 2 percentage point reduction in the FY 2018 APU. For the FY 2019 APU determination, providers must have submitted 80% of all required HIS records by the 30 day deadline. Finally, for the FY 2020 APU determination and **ALL** subsequent years, providers must submit 90% of all required HIS records according to the 30 day deadline.
- Please note that this compliance threshold is related to the submission deadline for HIS records only; completion deadlines will not be considered in the timeliness compliance threshold calculations.

Preliminary Algorithm for Compliance Threshold Calculation

In the FY 2016 Final Rule, CMS released a preliminary algorithm for how the 70/80/90 timeliness compliance thresholds would be calculated. In general, HIS records submitted for patient admissions and/or discharges occurring during the reporting period (January 1st – December 31st of the reporting year involved) will be included in the denominator of the compliance threshold calculation. The numerator of the compliance threshold calculation would include any records from the denominator that were submitted within the 30 day submission deadline. In the FY 2016 Final Rule, CMS also stated they would make allowances in the calculation methodology for two circumstances. First, the calculation methodology will be adjusted for records for which a hospice was granted an extension or exemption by CMS. Second, adjustments will be made for instances of modification/inactivation requests (Item A0050. Type of Record = 2 or 3).

Figure 1. Preliminary Algorithm for Compliance Threshold Calculation*



*Note: the calculation algorithm will also be adjusted for records for which a hospice was granted an extension or exemption by CMS

Availability of Certification and Survey Provider Enhanced Reports (CASPER) Reports

The CASPER Reporting application enables hospice providers with a Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) User ID to connect electronically to the National Reporting Database. Currently, there are several CASPER reports available for hospice providers. CASPER reports can help hospice providers monitor the status of the HIS records submitted to the QIES ASAP system. Current CASPER reports allow providers to track HIS record status and determine when correction of errors, should they be present, is needed. The **Hospice Timeliness Compliance Threshold Report**, is a CASPER report that allows providers to check their preliminary compliance with the current 90 percent compliance threshold. Specifically, this report will display:

- provider identification information,
- # of HIS records submitted,
- # of HIS records submitted on time,
- % of HIS records submitted on time.

HIS records included in the Hospice Timeliness Compliance Threshold report:

- Only records that have been submitted **and accepted** by the QIES ASAP system are included in the Hospice Timeliness Compliance Threshold Report.
- In the CASPER application, providers will select the appropriate APU fiscal year from the Fiscal Year (FY) dropdown list. For reports run in 2019, this will be the FY 2021 APU year.
- The report will include all new HIS records (A0050 = 1) that have been submitted and accepted by the QIES ASAP system with a target date during the reporting period. For the FY 2021 APU year, this would be 1/1/19 through the date on which the provider runs the report.

- **Example:** provider selects “FY 2021” from the drop-down list and runs Hospice Timeliness Compliance Threshold Report on August 18th, 2019. This report will contain all new HIS records (A0050 = 1) that have been submitted and accepted by the QIES ASAP system with a target date of 1/1/19 through 8/18/19 (the date on which the CASPER report was run).

For more information on the Hospice Timeliness Compliance Threshold Report, see Chapter 3 of the CASPER User’s Manual: <https://www.gtso.com/hospicetrain.html>.

If you need help:

For questions about the timeliness compliance threshold, please contact the Quality Help Desk at HospiceQualityQuestions@cms.hhs.gov.

For more detailed instruction on accessing CASPER reports, including the **Hospice Timeliness Compliance Threshold Report**, please view the CASPER Reporting User’s Guide, available on the QTSO webpage: <https://www.gtso.com/hospicetrain.html>. For questions about access to CASPER, or specific provider reports, please contact the QTSO Help Desk [at help@qtso.com](mailto:help@qtso.com) or 888-477-7886.

For questions related to the submission of a reconsideration request or to ask other questions related to reconsiderations, please contact the Reconsideration Help Desk at HospiceQRPreconsiderations@cms.hhs.gov.

